NIH MANUAL 2300-735-1 APPENDIX 3 ILLUSTRATION 6 DATE: 06/19/98 ISSUING OFFICE: OHRM, 496-4851

> AVOIDING CONFLICTS OF INTEREST Executive Branch Personnel Confidential Financial Disclosure Reporting System (OGE 450) OGE 450 Completion Checklist

Part I: Assets and Income

[] If income-producing asset was not held at close of the reporting period, "X if no longer held"
column is checked
[] Assets and income sources <u>fully</u> identified (including full names of mutual funds)
[] Nature of income described
[] Pensions/IRA/401(k) accountsunderlying assets reported if you control the investments
[] If non-federal pension is listed, agreement is reported on Part IV (Agreements and
Arrangements)
[] Trustsassets reported unless Excepted Trust
[] Honorariumdate shown
[] Partnershipsaddress and business activity shown
[] Real estateaddress reported
[] If any other earned income from an outside position is reported, position is reported on Part
III
[] Compare assets and income sources shown on prior report with those shown on this report:
[] all assets on prior report still held during this reporting period are shown in this part (please
report them in the same order)
[] all income sources on prior report are shown in this part (please report them in the same
order)
Part II: Liabilities
[] "None" box checked if no reportable liabilities
Name of creditor listed
[] Address of creditor reported (city and state if a financial or commercial institution, street
address if an individual or a partnership)
[] Type of liability shown
[] Compare liabilities listed with those shown on prior report
All liabilities shown on prior report that carried over into this period, and that had a value >
\$10,000 at any time during this reporting period, are reported

Part III: Outside Positions

[] "None" box checked if no reportable outside positions [] Organization name and address (city and state) listed [] Organization type shown [] Position held reported [] Compare outside positions held with those shown on prior report [] Outside positions shown in prior report that carried over into this reporting period are identified
Part IV: Agreements or Arrangements
[] "None" box checked (if no reportable agreements or arrangements) [] Status and terms of agreement or arrangement described [] Parties to agreement or arrangement shown (include addresses) [] Date of agreement or arrangement reported
Part V: Gifts and Travel Reimbursements
[] "None" box checked (if no reportable gifts or travel reimbursements) [] Name and address (city and state) shown for source of item(s) reported [] Descriptions of travel gifts and reimbursements include: [] Itinerary [] Dates of travel [] Nature of gift/reimbursement (e.g., hotel room, airline ticket)
Final Checklist Before Submission of Your Report
[] Your name, position, grade and agency are shown at top of each page [] Page number is listed sequentially on each page [] Any attachments to the form are labeled and clearly referenced to the appropriate part [] Certification block on first page is signed and dated [] Appropriate reporting status is checked